

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90097 044 ****61.25

DOCUMENT # 732741 1. Entity Name SUMTER COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.					
Principal Place of Business 225 S 301 SUMTERVILLE, FL 33505			Mailing Address P.O. BOX 70 SUMTERVILLE, FL 33505		
2. Principal Place of Business 408 E. Seminole Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 337 Suite, Apt. #, etc.			
City & State Bushnell, FL Zip 33513		City & State Bushnell, FL Zip 33513		4. FEI Number 59-2870873 Applied For ☐ Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, DIANA 225 S 301 P.O. BOX 70 SUMTERVILLE, FL 33505			7. Name and Address of New Registered Agent Name Diana Lee, Exec. Director Street Address (P.O. Box Number is Not Acceptable) 408 E. Seminole Ave. P.O. Box 337 City Bushnell FL Zip Code 33513		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Diana Lee</i></u> DATE <u>1-5-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNCAN, JAMES P.O. BOX 301 SUMTERVILLE, FL 33585	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNETTE, JANE 115 N FLORIDA STREET BUSHNELL, FL 33513	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, JON 4306 E CR 462 WILDWOOD, FL 34785	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ROGERS, DENNIS 8375 MAIN ST WILDWOOD, FL 34785	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOY, KAY 107 BUSHNELL PLAZA BUSHNELL, FL 33513	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 249	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5434 CR 122 N	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1017 S. MAIN ST Wildwood, FL 34785	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Diana W. Lee</i></u> <u><i>Diana W. Lee</i></u> <u>1-5-06</u> <u>352-393-3003</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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